



# **PANDEMIC INFLUENZA PLAN**

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## I. INTRODUCTION

Pandemic influenza is an outbreak of a novel influenza virus for which humans have not developed wide spread immunity. As such, the risk of an outbreak can pose a grave threat to the health of a large proportion of the worldwide population.

It is estimated that 3,600 South Carolinians would die in the event of a Pandemic Influenza outbreak. It is estimated by the South Carolina Department of Health and Environmental Control that 12,000 South Carolinians would be hospitalized in the event of a Pandemic Influenza outbreak. Due to the disproportionate high presence of health challenges, individuals served by DDSN would generally be at greater risk for both death and hospitalization. It is also estimated by the United States Department of Health and Human Services that approximately 40% of the entire workforce would be unable to report to work during the peak of a Pandemic Influenza outbreak.

The South Carolina Department of Disabilities and Special Needs (DDSN) will maintain a Pandemic Influenza Plan (Plan) to respond to a pandemic influenza outbreak. This Plan is intended to reduce the adverse impact that such an outbreak would have on the individuals, families and staff who receive or provide services through DDSN.

There are six phases of a pandemic influenza recognized by the World Health Organization. The higher the phase, the greater the risk of widespread outbreak. Response to a pandemic influenza will be dictated by the respective phase of the outbreak. Phase status will be defined by the United States government.

### Interpandemic Period

Phase I – No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase II – No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

### Pandemic Alert Period

Phase III – Human infection with a new subtype has been detected but no human-to-human spread or, at most, rare instances of spread to a close contact.

Phase IV – Small clusters of human infection with limited human-to-human transmission have occurred but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase V – Larger clusters of human infection has been detected but human-to-human spread still is localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible.

### Pandemic Period

Phase VI – Increased and sustained transmission in general human population.

## II. DDSN DISASTER PREPAREDNESS PLAN

- A. DDSN maintains a Disaster Preparedness Plan (refer to 100-25-DD). The DDSN Pandemic Influenza Plan is a component of the broader DDSN Disaster Preparedness Plan. Unless otherwise stipulated below, the provisions of the Disaster Preparedness Plan are applicable to prevention and response to a pandemic influenza outbreak.
- B. Each DDSN Regional Center, DSN Board or QPL Residential Provider (Provider) is required to develop and maintain a local Disaster Preparedness Plan which identifies the specific steps which will be taken to prevent and effectively respond to a disaster which impacts their operations and consumers.
- C. This Provider Disaster Preparedness Plan must include a component which addresses a pandemic influenza outbreak.
- D. A copy of this Plan must be provided to DDSN.
- E. DDSN's Emergency Operations Center will be activated and initiate regular communications with all Providers in the event a Phase V or higher Pandemic Influenza status is declared.

### III. GENERAL COMMUNITY PREPARATION

- A. Efforts will be undertaken at both a state and local level to assure coordination with those entities which will have responsibility for responding to a pandemic influenza.
- B. The South Carolina Department of Health and Environmental Control (DHEC) is the lead agency for implementation of the Emergency Service Function 8/Health and Medicine (ESF8) of the South Carolina Emergency Management Plan. As such, DHEC is the primary agency in South Carolina responsible for responding to a pandemic influenza outbreak.
- C. Providers should share copies of their Pandemic Influenza Plan with their local DHEC office (the ESF8 Coordinator).
- D. Provider communication with the local DHEC office (ESF8 coordinator) should become more frequent as the risk increases.
- E. Key Provider leadership should become familiarized with the Pandemic Influenza section of the South Carolina Emergency Operations Plan ([http://www.scdhec.gov/administration/ophp/mass\\_casualty.htm](http://www.scdhec.gov/administration/ophp/mass_casualty.htm)).

### IV. PREVENTION

- A. Infection Control
  - 1. Providers will maintain vigorous standard infection control precautions in accordance with recommendations from the United States Centers for Disease Control and Prevention ([http://www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_standard.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html)).
  - 2. Providers will maintain aggressive respiratory hygiene etiquette in accordance with recommendations from the United States Center for Disease Control and Prevention (<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>).
  - 3. Providers will offer regular training to staff on the signs and symptoms of influenza and the infection control protocols noted above. All staff must attend this training at least monthly if a Phase IV or higher Pandemic Influenza status is declared.

## B. Surveillance

1. Providers will maintain a rigorous surveillance program to promote early detection of possible influenza outbreak among consumers and staff.
2. Staff who display signs of influenza will not be permitted to work in close proximity to other staff or consumers.
3. Efforts will be maintained to prohibit any contact between consumers and family or members of the general public on Provider premises when family or members of the general public display signs of influenza.
4. Surveillance efforts will become more rigorous if Phase IV or higher Pandemic Influenza status is declared.

## C. Anti-viral Medications

1. Providers will facilitate the voluntary provision of anti-viral medications to consumers and staff who display symptoms of influenza.
2. These medications should be administered in accordance with recommendations from the National Institutes of Health (<http://www.niaid.nih.gov/factsheets/fludrugs.htm>).

## D. Vaccination

1. Providers will facilitate the voluntary provision of influenza vaccination to consumers and staff.
2. Vaccination protocols should be maintained in accordance with recommendations from the United States Center for Disease Control and Prevention (<http://www.cdc.gov/flu/protect/keyfacts.htm>).
3. The local DHEC offices will control the dissemination of the vaccine. Providers should coordinate with the local DHEC office (EFS8 coordinator) to access vaccine.
4. Vaccination efforts should become more vigorous when the risk of a Pandemic Influenza outbreak increases.

E. Supply Stockpiling

1. Providers will purchase and maintain a 30 day supply of medical/protective supplies, pharmaceuticals and non-perishable food when a Phase IV or higher Pandemic Influenza status has been declared.
2. Supplies will be stored in a secure location.
3. Providers will communicate with principal vendors to determine which commodities may be in short supply in the event of a Pandemic Influenza and adjust stockpiling accordingly when a Phase IV or higher Pandemic Influenza status has been declared.

F. Drills

1. DDSN and Providers will conduct regular mock Pandemic Influenza drills to evaluate adequacy of Pandemic Influenza Plan.
2. A drill will be conducted every six months when a Phase IV or higher Pandemic Influenza status has been declared.
3. Modifications will be made to DDSN's and Provider's Pandemic Influenza Plans, based upon the results of the mock drill.

G. Critical Duty Identification/Staff Training

1. DDSN and Provider will identify those duties which are essential to be performed in the event of a Pandemic Influenza outbreak. Highest priority will be placed upon those duties which preserve the health, safety and well-being of the consumers served.
2. Training materials summarizing the methods necessary to effectively perform the essential duties will be developed. These materials are intended to be used to allow staff who are able to report to work during a Pandemic Influenza to perform duties which they are not normally assigned to perform.

## V. RESPONSE TO PANDEMIC INFLUENZA

### A. Communications

1. DDSN EOC will communicate daily with Providers in the event Phase VI Pandemic Influenza status is declared to supply updated information and assess potential problem areas.
2. Providers should also communicate daily with local DHEC office (EFS8 coordinator) in the event Phase VI Pandemic Influenza status is declared to determine if any public health actions have been implemented.
3. Providers should provide daily status updates to all staff on the status of Pandemic Influenza response.
4. Providers should communicate regularly with the family/legal guardians of the consumers to advise of the Providers actions to respond to the Pandemic Influenza.

### B. Isolation

1. Providers should severely restrict contact between the consumers served and the general public, both in the form of the general public being restricted from being on the Provider's premises and restricting consumers from leaving the premises except in cases of the most urgent need.
2. Providers should minimize the number of staff who work with a given consumer.
3. Providers will comply with any official quarantine order issued by DHEC.
4. Providers should physically segregate consumers who display signs of influenza from consumers who do not.
5. Provider should arrange for the cancellation of non-essential services (e.g., non-residential services).

### C. Consumer Consolidation

1. To accommodate serious staff shortages, Providers should consolidate consumers into larger settings (e.g., sheltered workshops).

2. Any setting to which consumers are relocated should be equipped with sleeping, bathing and food preparation accommodations.
3. If consumers are consolidated into ICFs/MR or CRCFs, the DHEC Director of Health Regulations Division must be notified and approve the proposed consolidation plan.

D. Death

1. In the event of consumer death, notification of family/legal guardians and DDSN should be provided in accordance with applicable policy (505-02-DD).
2. If Coroner or DHEC can not quickly pick up the deceased consumer, the Provider should remove the body to a remote area not accessible by consumers.

VI. RECOVERY FROM PANDEMIC INFLUENZA

- A. Providers will offer grief counseling for consumers and staff.
- B. DDSN and Providers will evaluate the effectiveness of their Pandemic Influenza Plan and revise where appropriate.